

# Washington State Library

## Library Card Application

**Name:** \_\_\_\_\_  
Please Print (Last Name, First Name, Middle Name)

**WA Driver's License Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**State Agency:** \_\_\_\_\_ **Division:** \_\_\_\_\_  
(Please Spell Out Agency Name)

**Work Mailing Address:** \_\_\_\_\_  
Mailstop/PO Box/Street/Apt. No. City Zip+4

**Home Address:** \_\_\_\_\_  
Street/PO Box City Zip+4

**Work or Message Telephone:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_  
(Area) 999-999 (Area) 999-9999

**E-mail Address:** \_\_\_\_\_

I understand and agree that if I borrow library materials or equipment from the State Library, and if the items are not returned, or if they are returned with damage, I will pay replacement costs and/or associated fees. I also understand and agree that I am fully responsible for all library materials or equipment checked-out on my library card, with or without my consent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** Your signature must be on file at the State Library before a permanent library card will be issued. You may establish service by faxing this completed form and copies of the acceptable forms of identification to (360) 586-7575 and then mail the original within five days. You will receive a confirmation call from a Circulation Staff member to verify your information. Your card will be mailed to you within seven days.

**Questions? Call:** (360) 704-5200 Between 8:00 a.m. – 5:00 p.m., Monday – Friday  
**Mail:** Office of the Secretary of State, Washington State Library, Circulation, PO Box 42460, Olympia, WA 98504-2460

### State Library Use Only

**Barcode #:** \_\_\_\_\_

**Patron #:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_